DEFENSE CENTERS OF EXCELLENCE
For Psychological Health & Traumatic Brain Injury

ICD- 10, Clinical Modification Coding Guidance for Traumatic Brain Injury within the Military Health System

November 12, 2015, 1-2:30p.m. ET

Presenters:

Judith Aurelio, RHIT, CCS-P
AHIMA Approved ICD-10-CM/PCS Trainer,
Patient Administration Systems and Biostatistics Activity (PASBA),
Medical Records Administration Specialist,
Ft. Sam Houston, Texas

Gina M. Lambdin, CPC
PASBA/Coding and Training Department Trainer,
ICD-10-CM/PCS Approved Trainer,
Behavioral Health Coding Specialist,
Ft. Sam Houston, Texas

Lynne M. Lowe, PT, DPT, OCS
ORISE Fellow-Knowledge Preservation,
Rehabilitation and Reintegration Division,
Healthcare Delivery and Services,
Army Office of The Surgeon General,
Falls Church, Va.

SFC John Makowski
NCOIC, Physical Performance Service Line,
Rehabilitation and Reintegration Division,
Healthcare Delivery and Services,
Army Office of The Surgeon General,
Falls Church, Va.

Moderator:

Sherray L. Holland, PA-C
TBI Clinical Educator,
Contract Support to Defense and
Veterans Brain Injury Center, Silver Spring, Md.

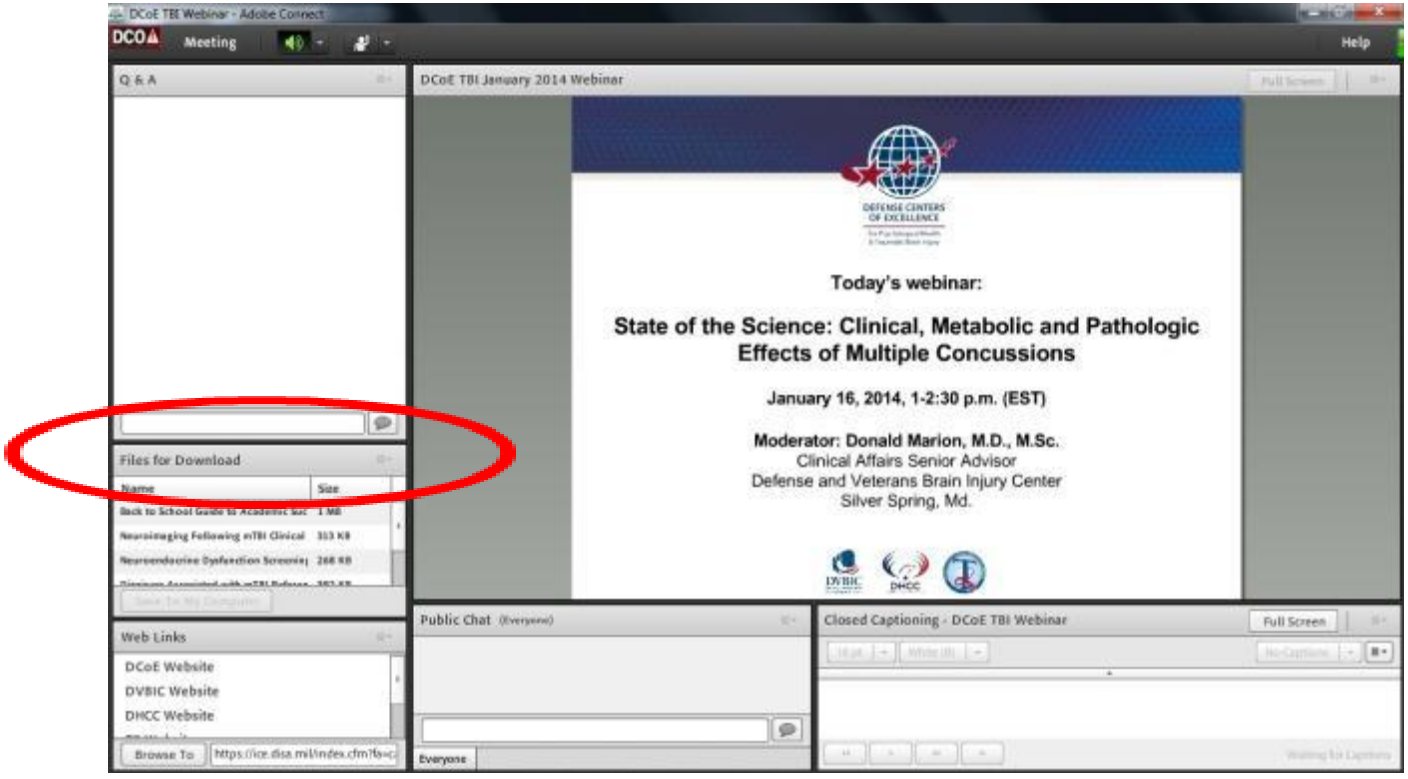
DVBIC Defense and Veterans Brain Injury Center
DHCC

Webinar Details

- Live closed captioning is available through Federal Relay Conference Captioning (see the “Closed Captioning” box)
- Webinar audio is **not** provided through Adobe Connect or Defense Connect Online
  - Dial: CONUS **888-455-0936**; International **773-799-3736** Use participant pass code: **1825070**
- Question-and-answer (Q&A) session
  - Submit questions via the Q&A box

Resources Available for Download

Today's presentation and resources are available for download in the "Files" box on the screen, or visit **dvbic.dcoe.mil/online-education**



Continuing Education Details

- DCoE's awarding of continuing education (CE) credit is limited in scope to health care providers who actively provide psychological health and traumatic brain injury care to active-duty U.S. service members, reservists, National Guardsmen, military veterans and/or their families.

- The authority for training of contractors is at the discretion of the chief contracting official.
  - Currently, only those contractors with scope of work or with commensurate contract language are permitted in this training.

Continuing Education Accreditation

- This continuing education activity is provided through collaboration between DCoE and Professional Education Services Group (PESG).
- Credit Designations include:
  - 1.5 AMA PRA Category 1 credits
  - 1.5 ACCME Non Physician CME credits
  - 1.5 ANCC nursing contact hours
  - 1.5 APA Division 22 contact hours

Continuing Education Accreditation

Physicians
This activity has been planned and implemented in accordance with the essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME). Professional Education Services Group is accredited by the ACCME as a provider of continuing medical education for physicians. This activity has been approved for a maximum of 1.5 hours of *AMA PRA Category 1 Credits* ™. Physicians should only claim credit to the extent of their participation.

Physician Assistants
This activity has been planned and implemented in accordance with the essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME). Physician Assistants who attend can earn ACCME Category 1 PRA Credit.

Nurses
Nurse CE is provided for this program through collaboration between DCOE and Professional Education Services Group (PESG). Professional Education Services Group is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This activity provides a maximum of 1.5 contact hours of nurse CE credit.

Occupational Therapists
(ACCME Non Physician CME Credit) For the purpose of recertification, The National Board for Certification in Occupational Therapy (NBCOT) accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit ™ from organizations accredited by ACCME. Occupational Therapists may receive a maximum of 1.5 hours for completing this live program.

Continuing Education Accreditation

Physical Therapists
Physical Therapists will be provided a certificate of participation for educational activities certified for AMA PRA Category 1 Credit™. Physical Therapists may receive a maximum of 1.5 hours for completing this live program.

Psychologists
This Conference is approved for up to 1.5 hours of continuing education. APA Division 22 (Rehabilitation Psychology) is approved by the American Psychological Association to sponsor continuing education for psychologists. APA Division 22 maintains responsibility for this program and its content.

Other Professionals
Other professionals participating in this activity may obtain a General Participation Certificate indicating participation and the number of hours of continuing education credit.

Questions and Chat

- Throughout the webinar, you are welcome to submit technical or content-related questions via the Q&A pod located on the screen. **Please do not submit technical or content-related questions via the chat pod**.
- The Q&A pod is monitored during the webinar; questions will be forwarded to presenters for response during the Q&A session.
- Participants may chat with one another during the webinar using the chat pod.
- The chat function will remain open 10 minutes after the conclusion of the webinar.

Background

All programs covered by the Health Insurance Portability and Accountability Act were mandated to transition to ICD-10 code sets as of Oct. 1, 2015. This transition accommodates dramatic changes in the practice of medicine and provides the flexibility to adapt as medicine changes. The new code set also provides a significant increase in the specificity of reporting, allowing more information to be conveyed in a code.

This webinar will address how the ICD-10-CM codes use seven alphanumeric characters to represent illnesses and conditions and present the commonly used codes for traumatic brain injury (TBI). Accurate ICD-10 coding is critical. Proper coding provides a detailed clinical picture of a patient population, contributes to quality outcomes and standards of care, permits reimbursements for clinical services and prevents over- or under-billing for services. In addition, it permits oversight of population health within a military treatment facility, a region or the entire Military Health System (MHS) as well as helps anticipate demand for future TBI services.

At the conclusion of this webinar, MHS providers and coders will be able to:

- State the importance of proper coding
- Identify appropriate ICD-10-CM codes to use for TBI care
- Formulate ICD-10-CM codes correctly for TBI care
- Apply consistent ICD-10-CM codes among providers and facilities

Judith Aurelio, RHIT, CCS-P

- Medical Records Administration Specialist and American Health Information Management Association-approved ICD-10-CM/PCS Trainer in Patient Administration Systems and Biostatistics Activity (PASBA) at Ft. Sam Houston
- Authors coding clarifications and information papers on coding questions and issues
- Analyzes, researches and identifies issues and trends, and recommends solutions to medical coding questions and issues
- Monitors coding regulatory changes of the Military Health System, U.S. Army Medical Command, Centers for Medicare and Medicaid Services and The Joint Commission
- Thirty years experience in the fields of health information management, training, medical coding and billing, auditing, accounting/bookkeeping, personnel and administration

Gina M. Lambdin, CPC

- PASBA/Coding and Training Department Trainer, ICD-10-CM/PCS Approved Trainer and Behavioral Health Coding Specialist at Ft. Sam Houston
- Assists with writing coding manuals for various medical specialties
- Creates coding clarifications, presentations for documentation and coding, and revisions to the Military Health System Coding and Documentation Guidelines
- Served as a medical record auditor, mediator and appellate for all Army Military Treatment Facilities
- 13 years coding experience with the Army
- Previously active duty Army before becoming a civilian Department of Defense (DoD) employee with third party collection billing for the Landstuhl and Madigan Regional Medical Centers

Dr. Lynne M. Lowe, PT, DPT, OCS

- ORISE Fellow – Knowledge Preservation in the Rehabilitation and Reintegration Division, Healthcare Delivery and Services in the Army Office of The Surgeon General
- Supports the Army TBI program staff by providing historical perspective, advice and recommendations, and by reviewing program documents and reports
- Retired from the Army in 2010 as a Lieutenant Colonel
- During her military career evaluated and treated the full spectrum of patients referred to physical therapy with an emphasis on patients with neurologic disorders
- In 2007 appointed Rehabilitation Specialist to the Army Surgeon General TBI Task Force
- Recognitions and awards include six Army Achievement Medals, three Army Commendation Medals, four Army Meritorious Service Medals, a Legion of Merit and the Order of Military Medical Merit

SFC John Makowski

- Non-Commissioned Officer in Charge of the Physical Performance Service Line in the Rehabilitation and Reintegration Division, Healthcare Delivery and Services, in the Army Office of The Surgeon General
- Military education includes Airborne, Trauma AIMS, Warrior Leaders Course, Physical Therapy Technician, Emergency Medical Technician Course, Basic Healthcare Administrators Course, Advanced Leaders Course, and Senior Leaders Course
- Awards and decorations include Meritorious Service Medals, Army Commendation Medals, Army Achievement Medals, Valorous Unit Award, Army Good Conduct Medals, National Defense Service Medal, Iraqi Campaign Medal, Global War on Terrorism Expeditionary Medal, Global War on Terrorism Service Medal, Noncommissioned Officer Professional Development Ribbons, Army Service Medal, Overseas Service Ribbons, Combat Medical Badge, Expert Field Medical Badge, Parachutist Badge and Drivers Badge

Introduction to ICD-10-CM

SFC John Makowski
NCOIC, Physical Performance Service Line
Rehabilitation and Reintegration Division
Healthcare Delivery and Services
Army Office of The Surgeon General
Falls Church, Va.

Disclosures

- The views and opinions expressed in this presentation are those of the presenter and do not represent official policy of the DoD, the United States Army or DVBIC.
- The presenter does not intend to discuss the off-label/investigative (unapproved) use of commercial products or devices.
- The presenter has no relevant relationships to disclose.

Polling Question #1

What is your health care discipline?

- ❑ Medical Doctor
- ❑ Doctor of Osteopathic Medicine
- ❑ Physical Therapist
- ❑ Occupational Therapist
- ❑ Speech-Language Pathologist
- ❑ Registered Nurse
- ❑ Nurse Practitioner
- ❑ Physician Assistant
- ❑ Social Worker
- ❑ Case Manager
- ❑ Coder
- ❑ Other

ICD-10-CM Coding Overview

- ICD-10-CM coding is the alphanumeric representation of written diagnosis.
  - Classification system
  - Nationally established guidelines
  - Facilitates efficient data gathering
  - Used for receiving reimbursements for services
  - Also useful for overseeing population health, anticipating demand, assessing quality/standards of care and managing business activities

The Alphabetic Index and Tabular List

- The Alphabetic Index is an alphabetical list of terms and their corresponding code. It consists of the following parts:
  - Pain
    - joint M25.50
      - ankle M25.57-
      - elbow M25.52-
      - finger M79.64-
      - foot M25.57-
      - hand M79.64-
- The Tabular List is a structured list of codes divided into chapters based on body system or condition.
  - S06 Concussion
    - S06.X0 Concussion without loss of consciousness
    - S06.0X1 Concussion with loss of consciousness of 30 minutes or less
    - S06.0X2 Concussion with loss of consciousness of 31 minutes to 59 minutes

Key Changes Between ICD-9-CM and ICD-10-CM

ICD-9-CM	ICD-10-CM
3 to 5 digits	3 to 7 digits
Approximately 13,000 codes	Approximately 70,000 codes
Limited capacity for adding new codes	Flexible capacity for adding new codes
First digit is alpha or numeric; digits 2-5 numeric	First digit is alpha; digits 2-3 are numeric; digits 4-7 are alpha or numeric
Lack detail (right vs. left, distal vs. proximal, etc.)	Extremely detailed (left vs. right, initial vs. subsequent encounter, routine vs. delayed healing, and nonunion vs. malunion, etc.)

ICD 9	ICD 10
389.9 Hearing loss	H91.90 Unspecified hearing loss, unspecified ear H91.91 Unspecified hearing loss, right ear H91.92 Unspecified hearing loss, left ear H91.93 Unspecified hearing loss, bilateral

Format and Structure

- The ICD-10-CM Tabular List contains categories, subcategories and codes.
  - Characters for categories, subcategories and codes may be either a letter or a number.

- All categories are 3 characters.
  - A three-character category **that has no further subdivision** is equivalent to a code.

Format and Structure *continued*

- Subcategories are either 4 or 5 characters.
  - Codes may be 3, 4, 5, 6 or 7 characters.
  - Each level of subdivision after a category is a subcategory.

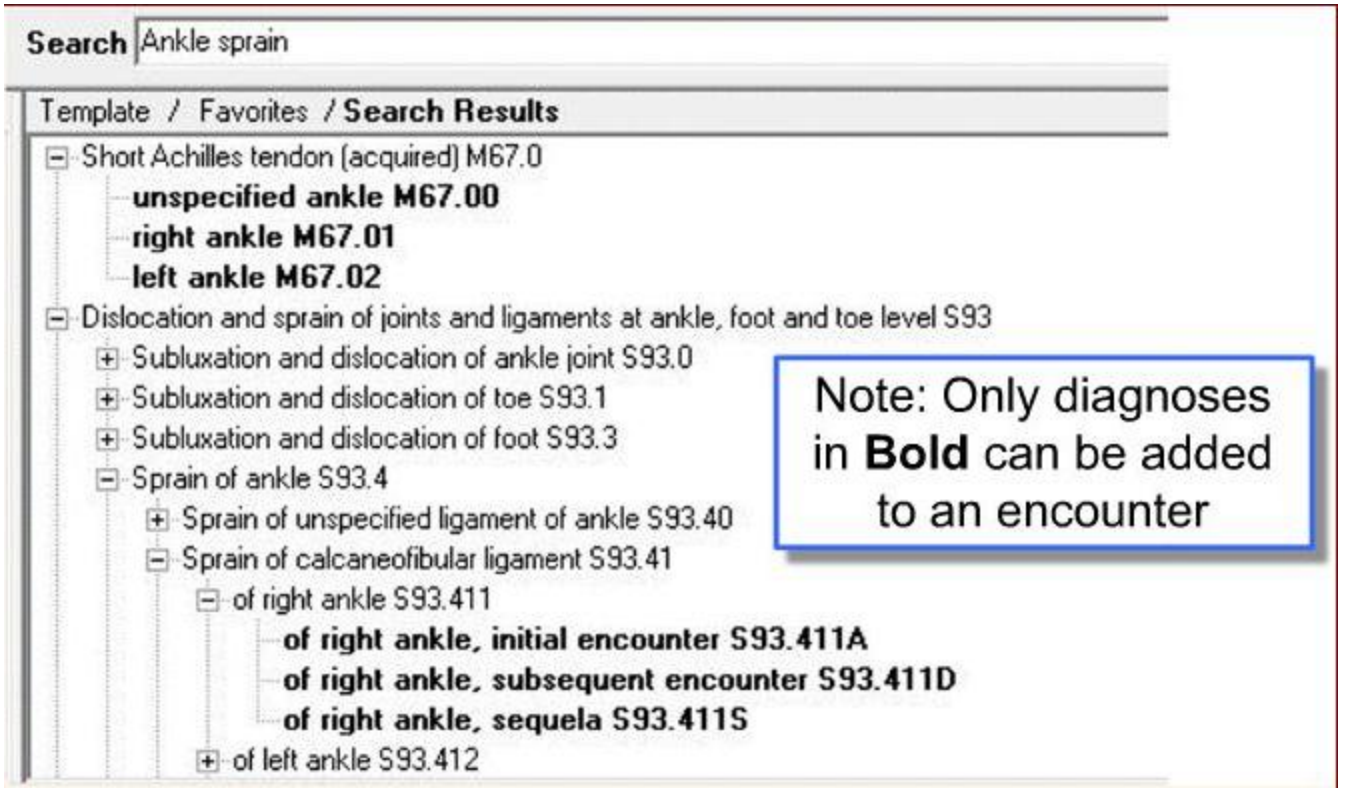
- The final level of subdivision is a code. Codes that have applicable 7th characters are still referred to as codes, not subcategories.
  - A code that has an applicable 7th character is considered invalid without the 7th character.

Example:

Category: M20 Acquired deformities of fingers and toes

Code: M20.022 Boutonniere deformity of left finger(s) (highest characters)

Format and Structure *continued*



(Armed Forces Health Longitudinal Technology Application, 3.3, December 2010)

ICD-10 Codes

- Codes from A00.0-T88.9 and Z00-Z99.8 are used to identify diagnoses, symptoms, conditions, problems, complaints or other reason(s) for the encounter/visit.

- Codes R00.0-R99 signs and symptoms
  - Acceptable when a related definitive diagnosis has not been established
  - If associated WITH a disease process, it should not be used as additional codes, unless otherwise instructed by the classification.
  - Signs and symptoms that may NOT be associated routinely with a disease process SHOULD be coded when present.

- Codes V00 - Y99 external cause codes
  - Place and activity codes used on patients first visit for that condition
  - Environmental circumstances as the cause of injury and other adverse effects
  - Where applicable, use with a diagnosis code to classify the condition
  - Used to provide additional information as to the cause of the condition

7th Characters

Not all ICD-10-CM categories have 7th characters

- "A" initial encounter is used when receiving active treatment.
  - Examples: Surgical treatment, emergency department encounter, and evaluation and **continuing** treatment by **the same or a different** physician
- "D" subsequent encounter is used for routine care during the healing or recovery phase.
  - Examples: Cast change or removal, an x-ray to check healing status of fracture, medication adjustment, other aftercare and follow up visits following treatment of the injury or condition

7th Characters *continued*

- “B” initial encounter for open fracture
- “G” subsequent encounter for fracture with delayed healing
- “K” subsequent encounter for fracture with nonunion
- “P” subsequent encounter for fracture with malunion

7th Characters *continued*

- "S" sequela is for complications that arise as a result of a condition.
  - Use both the injury code that precipitated the sequela and the sequela code itself.
  - The "S" is added only to the injury code.
  - The "S" identifies the injury responsible for the sequela.
  - There is no time limit on when a sequela code can be used.
  - The type of sequela (e.g., scar) is sequenced first, followed by the injury code.

7th Characters *continued*

- "S" Example
  - M24.561 Contracture, right knee (this is the sequela)
  - T22.321S Spontaneous disruption of anterior cruciate ligament of right knee (Sequela) (what caused the sequela)

Note: You can only code what is documented. If you don't document the cause, it cannot be coded.

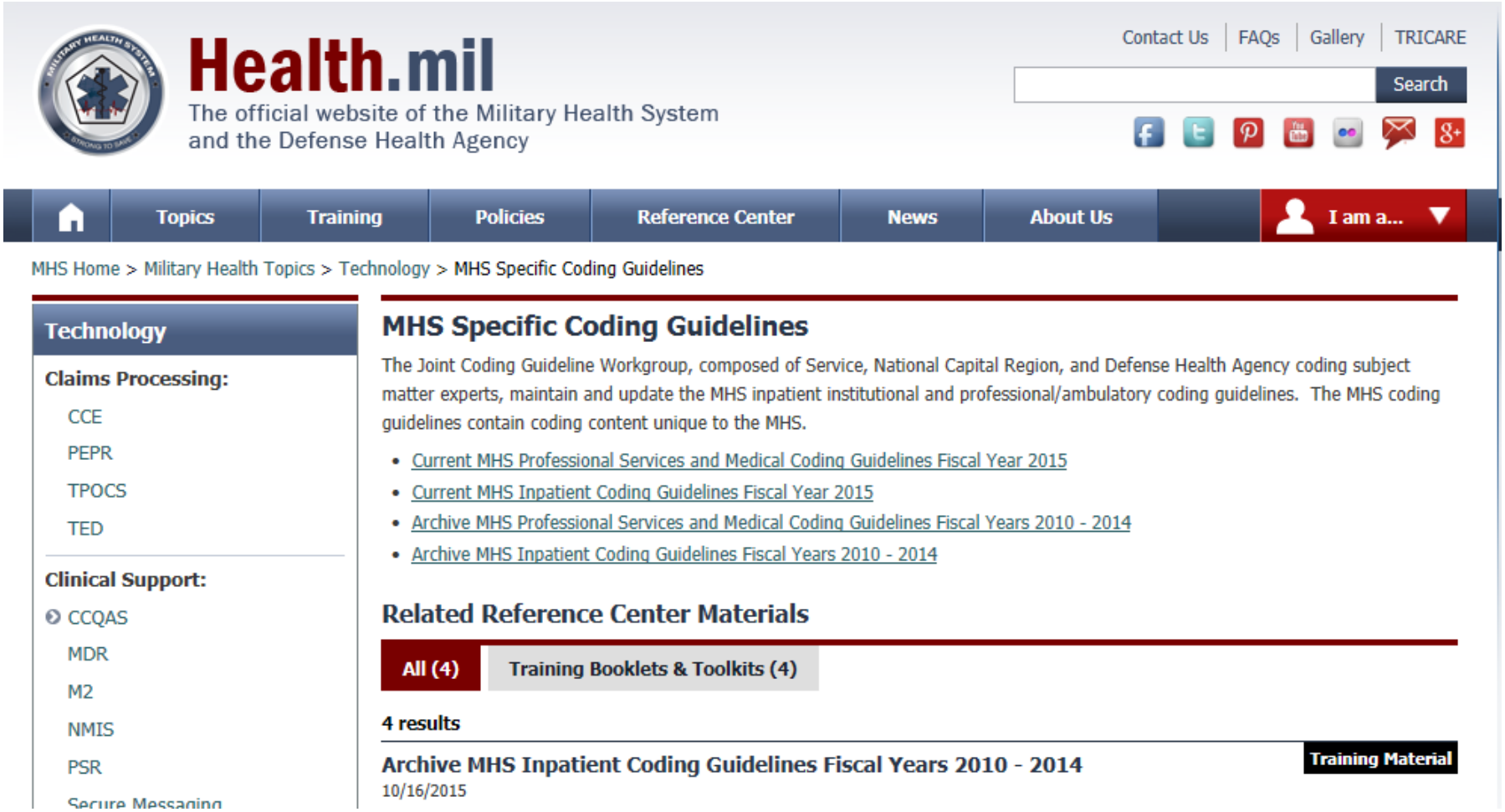
Placeholder Character

- The “X” is a placeholder to allow certain codes for future expansion.
  - Where a placeholder exists, the “X” must be used in order to be considered a valid code.
- If a code requires a 7th character and is less than 6 characters, a placeholder “X” must be used to fill in the empty characters.
- Examples of how placeholders are used:
  - Allow for future expansion: M53.2X6A Spinal instabilities, lumbar region, initial encounter
  - Requires 7th character: S33.6XXD Sprain of sacroiliac joint, subsequent encounter
  - Requires 7th character: S44.21XA Injury of radial nerve at upper arm level, right arm

ICD-10-CM
MHS Coding Guidance

- The medical record, whether paper or electronic, is the legal record of care.
- All coding must be supported by documentation in the medical record.
- When there is a difference between what is coded and what is documented in the medical record
  - The coder may change a code to more accurately reflect the documentation.
  - When this occurs, the coder must notify the provider.
- The provider is ultimately responsible for coding and documentation.

Tricare ICD-10-CM Coding Guidelines



(Military Health System, Defense Health Agency, 2015)

Coding Guidance for TBI

Lynne M. Lowe, PT, DPT, OCS
ORISE Fellow – Knowledge Preservation
Rehabilitation and Reintegration Division
Health Policy and Services
Army Office of The Surgeon General
Falls Church, Va.

Disclosures

- The views and opinions expressed in this presentation are those of the presenter and do not represent official policy of the DoD, the United States Army or DVBIC.
- The presenter does not intend to discuss the off-label/investigative (unapproved) use of commercial products or devices.
- The presenter has no relevant relationships to disclose.

ICD-10 Diagnostic Coding Guidance for Traumatic Brain Injury

Version 1.0 Oct 2015

ICD-10 Diagnostic Coding Guidance for Traumatic Brain Injury

DoD TBI Definition

A traumatically induced structural injury or physiological disruption of brain function as a result of external force that is indicated by new onset or worsening of at least one of the following clinical signs immediately following the event:

- Any alteration in mental status (e.g., confusion, disorientation, slowed thinking, etc.)
- Any loss of memory for events immediately before or after the injury
- Any period of loss of or a decreased level of consciousness, observed or self-reported

External forces may include any of the following events: the head being struck by an object, the head striking an object, the brain undergoing an acceleration/deceleration movement without direct external trauma to the head or forces generated from events such as a blast explosion, including penetrating injuries. (Department of Defense, 2015)

Severity of TBI

The level of injury is based on the status of the patient at the time of injury based on observable signs. Severity of injury does not predict functional or rehabilitative outcome of the patient.

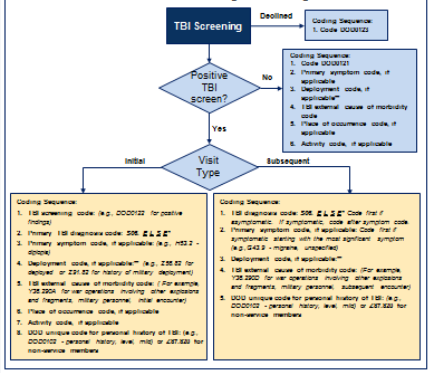
Mild	Moderate	Severe
Normal structural imaging	Normal or abnormal structural imaging	Normal or abnormal structural imaging
LOC = 0 – 30 min	LOC >30 min and <24 hours	LOC >24 hours
AOC = a moment up to 24 hours	AOC >24 hours. Severity based on other criteria	
PTA = 0 – 1 day	PTA >1 and <7 days	PTA >7 days

AOC – Alteration of consciousness/mental state
LOC – Loss of consciousness
PTA – Post-traumatic amnesia

*Etiology, Location, Severity, Encounter — see page 2
**Deployment code must fall within the first four codes when applicable

1

Medical Provider Diagnostic Coding



Rehabilitation Provider Diagnostic Coding

Use this coding sequence for initial and subsequent visits:

1. **Primary symptom code:** Code for the presenting complaint (e.g., *R41.844 for executive function*)
2. **TBI diagnosis code:** *S06. E L S E** (Use A for initial visit; D for subsequent visit; or S for sequelae)*
3. **Deployment code, if applicable:**** (e.g., *Z56.82 for deployed personnel*)
4. **TBI external cause of morbidity code:** (e.g., *V40-V49 for motor vehicle accidents, Y36 for war operations, Y37 for military operations. Use A for the initial visit. For example, Y36.290A for war operations involving other explosions and fragments, military personnel, initial encounter*)
5. **Other symptom codes, if applicable:** (e.g., *R41.1 for anterograde amnesia*)
6. **DOD unique code for personal history of TBI:** (e.g., *DOD0102 - personal history, level, mild*) or *Z87.820 for non-service members*

Version 1.0 Oct 2015

ICD-10 Diagnostic Coding Guidance for Traumatic Brain Injury

The ICD-10 Code Tables provide comprehensive guidance on diagnostic and procedure coding.

Find the 2015 Code Tables and Index at www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html and www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-PCS-and-GEMs.html

Etiology, Location, Severity, Encounter (ELSE) Coding Structure			
Category: S06.XXXX			
Etiology		Location	
0	Concussion		
1	Traumatic cerebral edema (diffuse or focal)	X	Placeholder
2	Diffuse TBI/diffuse axonal injury	0	NOS
3	Focal TBI	1	Right
4	Epidural hemorrhage/extradural hemorrhage (NOS or traumatic)	2	Left
5	Traumatic subdural hemorrhage		
6	Traumatic subarachnoid hemorrhage		
Severity		Encounter	
0	No loss of consciousness (LOC)	A	Initial
1	LOC < 30 minutes	D	Subsequent
2	LOC 31 to 59 minutes	S	Sequelae
3	LOC 1 hour to 5 hours 59 minutes		
4	LOC 6 hours to 24 hours		
5	LOC > 24 hours with return to pre-existing conscious level		
6	LOC > 24 hours without return to pre-existing conscious level with patient surviving		
7	LOC of any duration with death due to brain injury prior to regaining consciousness		
8	LOC of any duration with death due to other cause prior to regaining consciousness		
9	LOC of unspecific duration		

DOD Unique Code for Personal History of TBI		
DOD Unique Code	Short Narrative	Long Narrative
Z87.820	Personal hx. TBI, unknown	Personal history of traumatic brain injury (TBI), highest level of severity unknown
DOD0102	Personal hx. TBI, mild	Personal hx of TBI, highest level of severity mild (Glasgow coma scale 13-15), LOC 0-30 min, post-traumatic amnesia <24hrs
DOD0103	Personal hx. TBI, moderate	Personal hx of TBI, highest level of severity moderate (Glasgow coma scale 9-12), LOC >30 min - <24hrs, post-traumatic amnesia 2-7 days
DOD0104	Personal hx. TBI, severe	Personal hx of TBI, highest level of severity severe (Glasgow coma scale 3-8, LOC>24hrs, post-traumatic amnesia >7 days
DOD0105	Personal hx. TBI, penetrating	Personal hx of TBI, highest level of severity penetrating intracranial wound (no level of severity assigned)

Source: MHS Professional Services and Specialty Medical Coding Guidelines, Version 5.0, Joint Coding Guidance Working Group, April 2015

TBI Screening Code	
DOD0121	Screen, TBI, Negative
DOD0122	Screen, TBI, Positive
DOD0123	Screen, TBI, Declined
Deployment Status Code	
Z56.82	During deployment encounter
Z91.82	History of deployment

2

Version 1.0 Oct 2015

ICD-10 Diagnostic Coding Guidance for Traumatic Brain Injury

The ICD-10 Code Tables provide comprehensive guidance on diagnostic and procedure coding.

Find the 2015 Code Tables and Index at www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html and www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-PCS-and-GEMs.html

Commonly Use Codes for Symptoms Associated with TBI	
Location Codes: 1 = Right 2 = Left 3 = Bilateral	
Cognitive/Linguistic	
R41.1	Anterograde amnesia
R41.10	Disorientation
R41.2	Retrograde amnesia
R41.84	Other specified cognitive deficit
R41.840	Attention and concentration deficit (excludes ADHD)
R41.841	Cognitive-communication deficit
R41.842	Visuospatial deficit
R41.844	Frontal lobe and executive function deficit
R47.01	Aphasia (excludes aphasia following CVA)
Hearing	
H90.2	Conductive hearing loss, unspecified (add location code as 5th character)
H90.5	Sensorineural hearing loss, unspecified (add location code as 5th character)
H90.8	Mixed conductive and sensorineural hearing loss, unspecified (add location code as 5th character)
H91.9	Unspecified hearing loss (add location code as 5th character)
H93.23	Hyperacusis (add location code as 6th character)
H93.1	Tinnitus (audible, aurium, subjective) (add location code as 5th character)
Neurologic	
H81.4	Vertigo of central origin (add location code as 5th character)
H81.8X	Other disorders of vestibular function (add location code as 7th character)
G43	Migraine without aura (G43.0) or with aura (G43.1)
G43.7	Chronic migraine
G43.9	Migraine, unspecified
G44.2	Tension-type headache, episodic (G44.21) or chronic (G44.22)
G44.32	Chronic post-traumatic headache, intractable (G44.321) or not intractable (G44.329)
R43.0	Anosmia

Emotional/Behavioral	
F10.10	Alcohol abuse, uncomplicated
F32.9	Major depressive disorder, single episode, unspecified
F41.1	Generalized anxiety disorder
F43.0	Acute stress reaction
R45.0	Nervousness
R45.1	Restlessness
R45.3	Demoralization and apathy
R45.4	Irritability and anger
R45.5	Hostility
R45.89	Other signs and symptoms involving emotional state
R45.86	Emotional lability
Sleep	
G47.01	Insomnia due to a medical condition
G47.33	Obstructive sleep apnea
G47.20	Circadian rhythm sleep disorder (CRSD), unspecified type. CRSD delayed sleep phase type (G47.21) or advanced sleep phase type (G47.22)
G47.9	Sleep disorder, unspecified
Vision	
H52.7	Disorder of refraction, unspecified
H53.14	Vision discomfort (add location code as 6th character)
H53.2	Diplopia
H53.4	Other localized visual field defects
H53.8	Other visual disturbances

Army TBI Program
ICD-10-CM Concussion Coding Cheat Sheet

ICD-10 CONCUSSION CODING CHEAT SHEET — **November 2015**

Code Type	Details	Concussion Diagnosed		Concussion Not Diagnosed	
		Coding sequence **Code at initial evaluation**	**Coding sequence** **Code at follow-up visit**	**Coding sequence** **Code at initial evaluation**	**Coding sequence** **Code at follow-up visit** (required in the deployed setting per DoDI 6490.11)
TBI screening codes	• DOD0121 Screen, TBI, Negative • DOD0122 Screen, TBI, Positive Other options that may apply: • DOD0123 Screen, TBI, Declined • DOD0124 Screen, TBI, Not performed due to current TBI diagnosis • DOD0125 Screen, TBI, not performed due to reason other than existing TBI diagnosis	Code 1st If reason for the visit is TBI Screening DOD0122 Screen, TBI, Positive	NO	Code 1st If reason for the visit is TBI Screening DOD0121 Screen, TBI, Negative	NO
Concussion diagnostic codes	S06.0X0*A/D/S* Concussion, no LOC (*initial/subsequent/sequela*)	Code 2nd S06.0X0A Concussion, No LOC, initial visit	Code 2nd if symptomatic or code 1st if asymptomatic S06.0X0D Concussion, No LOC, subsequent S06.0X0S Concussion, No LOC, sequela	NO	NO
	S06.0X1*A/D/S* Concussion, LOC ≤ 30 minutes (*initial/subsequent/sequela*)	S06.0X1A Concussion, LOC≤ 30 min, initial visit	S06.0X1D Concussion, LOC ≤ 30 min, subsequent S06.0X1S Concussion, LOC ≤ 30 min, sequela	NO	NO
	S06.0X9*A/D/S* Concussion LOC of unspecified duration (*initial/subsequent/sequela*)	S06.0X9A Concussion, LOC of unspecified duration, initial visit	S06.0X9D Concussion, LOC of unspecified duration, subsequent S06.0X9S Concussion, LOC of unspecified duration, sequela	NO	NO
Symptom codes	Common examples: • R51 Headache • R42 Dizziness	Code 3rd if symptomatic (most significant symptom)	Code 1st if symptomatic (most significant symptom)	Code 2nd if symptomatic	Code 1st if symptomatic
Deployment status codes	• Z56.82 Currently deployed • Z91.82 History of deployment	Code 4th if applicable	Code 3rd if applicable	Code 3rd if applicable	Code 2nd Z56.82 Currently deployed

(U.S. Army Office of The Surgeon General, 2015)

Polling Question #2

Have you viewed one of the charts or any charts similar to the ones on the previous slides prior to this presentation?

- ❑ Yes
- ❑ No

ICD-10-CM TBI Screening Code

- TBI evaluation starts with screening.
  - DOD0121 = Screen, TBI, Negative
  - DOD0122 = Screen, TBI, Positive
  - DOD0123 = Screen, TBI, Declined by patient
  - DOD0124 = Screen, TBI, Not performed due to current TBI diagnosis
  - DOD0125 = Screen, TBI, Not performed due to reason other than existing TBI diagnosis
- Military Acute Concussion Evaluation (MACE) is considered screening.
- Sequenced first if the *reason for the visit* is screening
- Used once per injury event

Surveillance impact if Electronic Medical Record (EMR) documentation done correctly:

- **Screening codes identify the number of service members screened after potentially concussive events.**
- **By comparison, a screening code with an accompanying diagnostic code yields a ratio of exposed to concussed.**

ICD-10-CM TBI Diagnostic Codes

- **Inpatients:** An acute TBI may be documented and coded as a "rule out, possible, likely" diagnosis on an inpatient.

- **Outpatients:** Outpatients are never coded with probable diagnosis. In those instances where a patient is treated as an outpatient and the provider believes there is a possible, likely, or suspected TBI, outpatient coding rules require that diagnoses not be documented as "probable," "suspected," "questionable," "rule out," or other similar terms indicating uncertainty.
  - Rather, the provider codes the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit.

ICD-10-CM TBI Diagnostic Codes

- Sequenced first or second
- Used throughout the episode of care with 7th character of A, D, or S

ICD-10-CM TBI Diagnostic Codes

ICD-10	Description
S02.0xxx	Fracture of vault of skull
S02.1xxx	Fracture of base of skull
S02.8xxx	Fractures of other specified skull and facial bones
S06.0xxx	Concussion
S06.2xxx	Diffuse traumatic brain injury
S06.3xxx	Focal traumatic brain injury
S06.4xxx	Epidural hemorrhage
S06.5xxx	Traumatic subdural hemorrhage
S06.6xxx	Traumatic subarachnoid hemorrhage
S06.8xxx	Other specified intracranial injuries
S06.9xxx	Unspecified Intracranial injury

ICD-10-CM Concussion Diagnostic Codes

ICD-10	Description
S06.0X0A	Concussion, no Loss of Consciousness (LOC), initial encounter
S06.0X0D	Concussion, no LOC, subsequent encounter
S06.0X0S	Concussion, no LOC, sequela
S06.0X1A	Concussion, LOC ≤ 30 minutes, initial encounter
S06.0X1D	Concussion, LOC ≤ 30 minutes, subsequent encounter
S06.0X1S	Concussion, LOC ≤ 30 minutes, sequela
S06.0X9A	Concussion LOC of unspecified duration, initial encounter
S06.0X9D	Concussion LOC of unspecified duration, subsequent encounter
S06.0X9S	Concussion LOC of unspecified duration, sequela

ICD-10-CM Symptom Codes

- Symptoms associated with TBI should be documented by an ICD-10-CM code.
- Most significant symptom is coded second or third on initial encounters and first on follow up visits.
- Any additional symptoms are coded last.

Surveillance impact:

- **Symptom code + diagnostic code = number and duration of symptoms related to a TBI (from a surveillance perspective).**

ICD-10-CM Symptom Codes

Hearing	
H91.93	Unspecified hearing loss, bilateral
H93.13	Tinnitus, bilateral
H93.233	Hyperacusis, bilateral
Neurologic	
R42	Dizziness and giddiness
G44.301	Post-traumatic headache, unspecified, intractable
G44.309	Post-traumatic headache, unspecified, not intractable
G44.311	Acute post-traumatic headache, intractable
G44.319	Acute post-traumatic headache, not intractable
G44.321	Chronic post-traumatic headache, intractable
G44.329	Chronic post-traumatic headache, not intractable
Sleep	
G47.00	Insomnia, unspecified
G47.01	Insomnia, due to medical condition
G47.09	Other insomnia
G47.8	Other sleep disorders
G47.9	Sleep disorder, unspecified

Vision	
H53.143	Visual discomfort, bilateral (photophobia)
H53.8	Other visual disturbances
H53.9	Unspecified visual disturbance
Other/General	
R11.0	Nausea
R53.83	Other fatigue
Emotional/Behavioral	
R45.0	Nervousness
R45.3	Demoralization and Apathy
R45.4	Irritability and anger
R45.86	Emotional lability
R45.87	Impulsiveness
R45.89	Other signs and symptoms involving emotional state
Cognitive/Linguistic	
R41.840	Attention and concentration deficit (excludes ADHD)
R41.841	Cognitive-communication deficit
R41.842	Visuospatial deficit

Polling Question #3

A Soldier presents to the clinic with a complaint of headaches following a motor vehicle crash (MVC) two weeks earlier. Review of his medical record reveals documentation of the event coded as S06.0X1A. **What is the primary code today?**

- ❑ Post-concussion syndrome (F07.81)
- ❑ Concussion, LOC ≤ 30 minutes, subsequent encounter (S06.0X1D)
- ❑ Concussion, LOC ≤ 30 minutes, sequela (S06.0X1S)
- ❑ Headache (G44.311)

ICD-10-CM Deployment Status Codes

- Encounters are coded according to patient's deployment status.
  - Z56.82 Currently deployed
  - Z91.82 History of deployment
- When Z56.82 is used, assume that the TBI occurred in-theater.
  - Without this code, formulas have to be developed to approximate how many TBIs occurred in-theater vs. garrison.
- Coded in position 2, 3, or 4

Surveillance impact:

- **Ability to know whether a TBI occurred in-theater is crucial to understanding the scope of TBI in different military settings.**

ICD-10-CM External Cause of Morbidity Codes

- Provides data for research and evaluation of injury prevention strategies
- Captures how the injury happened, the intent, the place, the activity of the patient at the time of the event, and the person's status
- Examples
  - V43.51XA/D/S*:* Car driver injured in collision with sport utility vehicle in traffic accident (initial/subsequent/sequela*)*
  - Y37.230A/D/S: Military operations involving explosion of improvised explosive device (IED), military personnel (initial/subsequent/sequela)

Surveillance impact:

- **Using an External Cause of Morbidity code in the same encounter as a TBI diagnostic code helps identify the cause of injury in the coded data.**

ICD-10-CM Place of Occurrence & Activity Codes

- Used only on initial encounter
- Place of Occurrence (Y92) and Activity (Y93) used together-no more than one of each per record
- Examples
  - Y92.002: Bathroom of unspecified non-institutional (private) residence single-family (private) house as the place of occurrence of the external cause
  - Y92.007: Garden or yard of unspecified non-institutional (private) residence as the place of occurrence of the external cause
  - Y93.02: Activity, running
  - Y93.12: Activity, springboard and platform diving

ICD-10-CM DoD Unique Personal History Codes

DOD Unique Code (DODUC)	Long Narrative
DOD0101	Personal History of Traumatic Brain Injury (TBI), Highest Level of Severity Unknown
DOD0102	Personal History of Traumatic Brain Injury (TBI), Highest Level of Severity MILD (GLASGOW COMA SCALE 13-15), LOC 0-30 MIN, POST TRAUMA AMNESIA 0-1 DAY, ALTERATION OF CONSCIOUSNESS <24 HOURS
DOD0103	Personal History of Traumatic Brain Injury (TBI), Highest Level of Severity MODERATE (GLASGOW COMA SCALE 9-12), LOC >30MIN AND <24 HRS, POST TRAUMA AMNESIA >1 AND <7 DAYS, ALTERATION OF CONSCIOUSNESS >24 HOURS
DOD0104	Personal History of Traumatic Brain Injury (TBI), Highest Level of Severity SEVERE (GLASGOW COMA SCALE 3-8), LOC >24HRS, POST TRAUMA AMNESIA >7 DAYS, ALTERATION OF CONSCIOUSNESS >24 HOURS
DOD0105	Personal History of Traumatic Brain Injury (TBI), PENETRATING INTRACRANIAL WOUND (NO LEVEL OF SEVERITY ASSIGNED)

ICD-10-CM Personal History Codes

- MHS Coding Guidelines currently indicate to document the DoD unique personal history of TBI code at the initial and all subsequent visits.

- Use of Z87.820 is being reviewed by MHS Coding Sub-group and any update will be communicated accordingly.

Order of Coding a TBI Encounter

Initial Visit

1. TBI screening code, if applicable
2. Diagnostic code
3. Symptom code, if applicable
4. Deployment status code, if applicable
5. External cause of morbidity code
6. Place of occurrence code
7. Activity code
8. Personal history code

Subsequent Visit

1. Symptom code, if applicable
2. Diagnostic code
3. Deployment status code, if applicable
4. External cause of morbidity code
5. Personal history code

Army TBI Program
ICD-10-CM Concussion Coding Cheat Sheet

ICD-10 CONCUSSION CODING CHEAT SHEET — **November 2015**

Code Type	Details	Concussion Diagnosed		Concussion Not Diagnosed	
		Coding sequence **Code at initial evaluation**	**Coding sequence** **Code at follow-up visit**	**Coding sequence** **Code at initial evaluation**	**Coding sequence** **Code at follow-up visit** (required in the deployed setting per DoDI 6490.11)
TBI screening codes	• DOD0121 Screen, TBI, Negative • DOD0122 Screen, TBI, Positive Other options that may apply: • DOD0123 Screen, TBI, Declined • DOD0124 Screen, TBI, Not performed due to current TBI diagnosis • DOD0125 Screen, TBI, not performed due to reason other than existing TBI diagnosis	Code 1st If reason for the visit is TBI Screening DOD0122 Screen, TBI, Positive	NO	Code 1st If reason for the visit is TBI Screening DOD0121 Screen, TBI, Negative	NO
Concussion diagnostic codes	S06.0X0*A/D/S* Concussion, no LOC (*initial/subsequent/sequela*)	Code 2nd S06.0X0A Concussion, No LOC, initial visit	Code 2nd if symptomatic or code 1st if asymptomatic S06.0X0D Concussion, No LOC, subsequent S06.0X0S Concussion, No LOC, sequela	NO	NO
	S06.0X1*A/D/S* Concussion, LOC ≤ 30 minutes (*initial/subsequent/sequela*)	S06.0X1A Concussion, LOC≤ 30 min, initial visit	S06.0X1D Concussion, LOC ≤ 30 min, subsequent S06.0X1S Concussion, LOC ≤ 30 min, sequela	NO	NO
	S06.0X9*A/D/S* Concussion LOC of unspecified duration (*initial/subsequent/sequela*)	S06.0X9A Concussion, LOC of unspecified duration, initial visit	S06.0X9D Concussion, LOC of unspecified duration, subsequent S06.0X9S Concussion, LOC of unspecified duration, sequela	NO	NO
Symptom codes	Common examples: • R51 Headache • R42 Dizziness	Code 3rd if symptomatic (most significant symptom)	Code 1st if symptomatic (most significant symptom)	Code 2nd if symptomatic	Code 1st if symptomatic
Deployment status codes	• Z56.82 Currently deployed • Z91.82 History of deployment	Code 4th if applicable	Code 3rd if applicable	Code 3rd if applicable	Code 2nd Z56.82 Currently deployed

(U.S. Army Office of The Surgeon General, 2015)

Army TBI Program
ICD-10-CM Concussion Coding Cheat Sheet

Code Type	Details	Concussion Diagnosed		Concussion Not Diagnosed	
		Coding sequence **Code at initial evaluation**	**Coding sequence** **Code at follow-up visit**	**Coding sequence** **Code at initial evaluation**	**Coding sequence** **Code at follow-up visit** (required in the deployed setting per DoDI 6490.11)
External causes of morbidity	Common examples: • V43.51*XA/D/S* Car driver injured in collision with sport utility vehicle in traffic accident *(initial/subsequent/sequela)* • Y37.230*A/D/S*: Military operations involving explosion of IED, military personnel *(initial/subsequent/sequela)*	Code 5th V43.51XA Car driver injured in collision with sport utility vehicle in traffic accident, initial visit Y37.230A Military operations involving explosion of IED, military personnel, initial visit	Code 4th V43.51XD Car driver injured in collision with sport utility vehicle in traffic accident, subsequent V43.51XS Car driver injured in collision with sport utility vehicle in traffic accident, sequela Y37.230D Military operations involving explosion of IED, military personnel, subsequent Y37.230S Military operations involving explosion of IED, military personnel, sequela	Code 4th V43.51XA Car driver injured in collision with sport utility vehicle in traffic accident, initial visit Y37.230A Military operations involving explosion of IED, military personnel, initial visit	Code 3rd V43.51XD Car driver injured in collision with sport utility vehicle in traffic accident, subsequent Y37.230D Military operations involving explosion of IED, military personnel, subsequent
Place or Occurrence code	Example: • Y92.007: Garden or yard of unspecified non-institutional (private) residence as the place of occurrence of the external cause	Code 6th Y92.007 Bathroom of unspecified non-institutional (private) residence single-family (private) house as the place of occurrence of the external cause	NO	Code 5th Y92.007 Bathroom of unspecified non-institutional (private) residence single-family (private) house as the place of occurrence of the external cause	NO
Activity code	Example: • Y93.02: Activity, running	Code 7th Y93.02 Activity, running	NO	Code 6th Y93.02 Activity, running	NO
Personal History code	• DoD0101 Personal History of TBI, Highest Level of Severity Unknown • DoD0102, Personal History of TBI, Mild	Code 8th DoD0102, Personal History of TBI Mild	Code 5th DoD0102, Personal History of TBI Mild	NO	NO
General medical exam	Z00.00 Encounter for general adult medical exam without abnormal findings	NO	NO	NO	Code 1st in deployed setting when Soldier must return for re-eval & is asymptomatic

(U.S. Army Office of The Surgeon General, 2015)

Evaluation and Management (E&M) and Procedure Coding for TBI Care

- **Initial TBI Evaluation:** The automatically generated E&M should be 99203 or 99204 depending on the patient complexity and the documentation.
  - If one of these codes is not automatically generated, you can change it manually.
  - In addition, use the Current Procedural Terminology (CPT) code 96116 - Psychomotor Neurobehavioral Status Exam, as the neurobehavioral assessment is a critical and distinctly separate component of TBI evaluation.

E&M and Procedure Coding for TBI Care *continued*

- Report Modifier 25 to the E&M code when E&M and CPT code are reported on the same visit to avoid coding errors and loss of relative value units (RVUs).
- Be aware that the 96116 code is listed in AHLTA with two different descriptions: 1) Cognitive Mini-Mental Status Exam and 2) Psychomotor Neurobehavioral Status Exam.
  - Select the second one.

Clinical Case Correct Coding

Judith Aurelio, RHIT, CCS-P
AHIMA Approved ICD-10-CM/PCS Trainer
Patient Administration Systems and Biostatistics Activity (PASBA)
Medical Records Administration Specialist
Ft. Sam Houston, Texas

Gina M. Lambdin, CPC
PASBA/Coding and Training Department Trainer
ICD-10-CM/PCS Approved Trainer
Behavioral Health Coding Specialist
Ft. Sam Houston, Texas

Disclosures - Judith Aurelio, RHIT, CCS-P

- The views and opinions expressed in this presentation are those of the presenter and do not represent official policy of the DoD, the United States Army or DVBIC.
- The presenter does not intend to discuss the off-label/investigative (unapproved) use of commercial products or devices.
- The presenter has no relevant relationships to disclose.

Disclosures - Gina M. Lambdin, CPC

- The views and opinions expressed in this presentation are those of the presenter and do not represent official policy of the DoD, the United States Army or DVBIC.
- The presenter does not intend to discuss the off-label/investigative (unapproved) use of commercial products or devices.
- The presenter has no relevant relationships to disclose.

Coding Example A

- Per CENTCOM policy, a Marine presents to the Battalion Aid Station after his convoy was hit by an IED. Other Marines were severely injured in the same incident.
- The Marine denies LOC, but reports seeing stars, stumbling around for a few minutes, and cannot account for approximately 15 minutes of activity after the explosion.
- At time of evaluation, the Marine is asymptomatic, and his MACE score is 30/30.

Answer Coding Example A

ICD-10	Description
DOD0122	Screening for TBI, Positive
S06.0X0A	Concussion without LOC, initial encounter
Z56.82	Currently deployed
Y37.230A	Military operations involving explosion of IED, military personnel, initial encounter
DOD0102	Personal History of Traumatic Brain Injury (TBI), Highest Level of Severity MILD

Coding Example B

- A Soldier presents to the clinic stating she is suffering from headaches which date back to an explosion occurring in Afghanistan two weeks ago.
- The provider reviews AHLTA notes and finds a note written immediately after the injury that documents the injury event coded with S06.0X0A.
- The provider determines that the complaints are acute.

Polling Question #4

Which list correctly codes this encounter?

A

G44.319	Acute post-traumatic headache, not intractable
S06.0X0D	Concussion without LOC, subsequent encounter
Z91.82	History of deployment
Y37.230D	Military operations involving explosion of IED, military personnel, subsequent encounter
DOD0102	Personal History of Traumatic Brain Injury (TBI), Highest Level of Severity MILD

B

S06.0X0D	Concussion without LOC, subsequent encounter
G44.319	Acute post-traumatic headache, not intractable
Z91.82	History of deployment
DOD0102	Personal History of Traumatic Brain Injury (TBI), Highest Level of Severity MILD

Polling Question #4

Which list correctly codes this encounter?

- ❑ A
- ❑ B

Answer Coding Example B

ICD-10	Description
G44.319	Acute post-traumatic headache, not intractable
S06.0X0D	Concussion without LOC, subsequent encounter
Z91.82	History of deployment
Y37.230D	Military operations involving explosion of IED, military personnel, subsequent encounter
DOD0102	Personal History of Traumatic Brain Injury (TBI), Highest Level of Severity MILD

Coding Example C

- An airman presents for evaluation after she answered yes to one of the TBI questions on the Post Deployment Health Assessment (PDHA). AHLTA notes reveal evaluation in theater with documentation of right arm fracture and facial contusions six months ago after injury as a passenger in military vehicle crash, but no documentation of TBI evaluation, no MACE, and no TBI diagnoses are coded.

Coding Example C *continued*

- Follow up visits document complaint of headache but no documentation of treatment of the headache. Upon evaluation, she reports a motor vehicle crash while deployed in which she suffered a broken arm and facial contusions.

- Patient interview reveals a report of persistent headache since the accident and no previous history of headaches, tinnitus for ten days after the accident, intermittent dizziness and blurred vision since the accident, self-report of feeling groggy for a few hours after the crash, and poor recall of events for the first few hours after the accident.

Polling Question #5

Which list correctly codes this encounter?

A

S06.0X9A	Concussion, LOC of unspecified duration, initial visit
G44.329	Chronic post-traumatic headache, not intractable
Z91.82	History of deployment
V86.14XD	Passenger of military vehicle injured in traffic accident, subsequent encounter
DOD0102	Personal History of Traumatic Brain Injury (TBI), Highest Level of Severity MILD

B

G44.329	Chronic post-traumatic headache, not intractable
S06.0X9D	Concussion, LOC of unspecified duration, initial visit
Z91.82	History of deployment
V86.14XD	Passenger of military vehicle injured in traffic accident, subsequent encounter
DOD0102	Personal History of Traumatic Brain Injury (TBI), Highest Level of Severity MILD

Polling Question #5

Which list correctly codes this encounter?

- ❑ A
- ❑ B

Answer Coding Example C

ICD-10	Description
S06.0X9A	Concussion, LOC of unspecified duration, initial visit
G44.329	Chronic post-traumatic headache, not intractable
Z91.82	History of deployment
V86.14XD	Passenger of military vehicle injured in traffic accident, subsequent encounter
DOD0102	Personal History of Traumatic Brain Injury (TBI), Highest Level of Severity MILD

Coding Example D

- Mr. Gonzalez, a family member, is seen for diabetes with manifestation of hypoglycemia and insulin management. He had a TBI from a fall two years ago. He has occasional petit mal seizures and short-term memory loss as late effect of intracranial TBI.
- Mr. Gonzalez has several incidences of hypoglycemia or hyperglycemia. He is at risk for additional falls.

Answer Coding Example D

ICD-10	Description
E11649	Diabetes with specified manifestation
S06.891S	Other specified intracranial injury with loss of consciousness of 30 minutes or less, sequela
G40A09	Petit mal seizure
R413	Memory Loss
Z794	Long-term use of insulin
Z87.820	Personal History of Traumatic Brain Injury (TBI)

ICD-10-CM Coding Resources

- MHS specific ICD-10-CM codes are derived from the following source documents, but takes precedence over them:
  - International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)
  - ICD-10-CM, The Complete Official Draft Code Set 2015
  - Current Procedural Terminology (CPT), 4th Edition
  - Centers for Medicare and Medicaid Services (CMS) Documentation Guidelines for Evaluation and Management (E&M) Services

ICD-10-CM Coding Resources *continued*

- Healthcare Common Procedure Coding System (HCPCS)
- The American Hospital Association (AHA) Coding Clinic
- The American Medical Association (AMA) CPT Assistant
- ICD10data.com
- ICD-10-CM Coder and Instructor Training Manual 2011 Edition, American Health Information Management Association (AHIMA)

Service Specific Coding Assistance

These Service sites can only be accessed from specific Service domains (af.mil, navy.mil, army.mil) *and must be CAC card enabled:*

Army	**https://pasba.army.mil**
Air Force	**AFMOA/Coding@us.af.mil** (1-800-298-0230)
Navy	**https://dataquality.med.navy.mil/codinghotline/forums/login_user2.aspx**

– For ADM functional software and technical support, contact the MHS Help Desk

- CONUS: 1-800-600-9332
- OCONUS: 1-866-637-8725

References

Armed Forces Health Longitudinal Technology Application, 3.3, December 2010

Defense and Veterans Brain Injury Center. (2015). ICD-10 Diagnostic Coding Guidance for Traumatic Brain Injury Training Slides. To be posted at dvbic.dcoe.mil/training/webinars/2015/icd-10-coding-guidance-traumatic-brain-injury-within-military-health-system

Military Health System and Defense Health Agency. (2015). Tricare Coding Guidelines retrieved from http://health.mil/Military-Health-Topics/Technology/Support-Areas/MHS-Specific-Coding-Guidelines

References

U.S. Army Office of The Surgeon General, TBI Program. (2015) U.S. Army Office of the Surgeon General ICD-10-CM Concussion Coding Cheat Sheet. (2015). To be posted at dvbic.dcoe.mil/training/webinars/2015/icd-10-coding-guidance-traumatic-brain-injury-within-military-health-system

Questions?

- Submit questions via the Q&A box located on the screen.
- The Q&A box is monitored and questions will be forwarded to our presenters for response.
- We will respond to as many questions as time permits.

How to Obtain CE Credit

1. After the webinar, go to URL http://dcoe.cds.pesgce.com
2. Select the activity: **12 Nov 2015TBI** Webinar
3. This will take you to the log in page. Please enter your e-mail address and password. If this is your first time visiting the site, enter a password you would like to use to create your account. Select Continue.
4. Verify, correct, or add your information AND Select your profession(s).
5. Proceed and complete the activity evaluation
6. Upon completing the evaluation you can print your CE Certificate. You may also e-mail your CE Certificate. Your CE record will also be stored here for later retrieval.
7. The website is open for completing your evaluation for **14 days.**
8. After the website has closed, you can come back to the site at any time to print your certificate, but you will not be able to add any evaluations.

Webinar Evaluation/Feedback

We want your feedback!

- Please complete the Interactive Customer Evaluation which will open in a new browser window after the webinar, or visit:
  https://ice.disa.mil/index.cfm?fa=card&sp=134218&s=1019&dep=*DoD&sc=11
- Or send comments to usarmy.ncr.medcom-usamrmc-dcoe.mbx.dcoe-monthly@mail.mil

Chat and Networking

Chat function will remain open 10 minutes after the conclusion of the webinar to permit webinar attendees to continue to network with each other.

Save the Date

Next DCoE Psychological Health Webinar:
Detrimental Effects of Blue Light from Electronics on Sleep

December 3, 2015
1-2:30 p.m. (ET)

Next DCoE Traumatic Brain Injury Webinar:
"Head to Head" Study:
A Psychometric Comparison of Brief Computerized Neuropsychological Assessment Batteries

December 10, 2015
1-2:30 p.m. (ET)

DCoE Contact Info

DCoE Outreach Center

866-966-1020 (toll-free)

dcoe.mil

resources@dcoeoutreach.org